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ABSTRACT

Some youth in Mississippi are at risk for violence, sexual activity, tobacco use, and poor nutrition. The Mississippi State Department of Health and the State Department of Education have the shared goal of giving youth the opportunity to become "healthy, educated, and contributing" members of their communities. This document outlines collaboration between the State Department of Health and the State Board of Education, including a discussion of future collaboration and key findings of the 1993 Youth Risk Behavior Survey (YRBS). Also included are core recommendations and administration and funding recommendations for health education, school health services, a healthy school environment, and physical education and fitness. "The Year 2000 and Beyond" outlines the next few years as critical in the success or failure of school health programs, reiterating the importance of issues and challenges. (BGC)

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"We could give millions of reasons to get involved - millions of faces, millions of lives, millions of children, and millions of dollars saved through prevention. But most likely, your most important reasons for getting involved greet you at home at the end of the day...."

F.E. Thompson, Jr., MD, MPH, State Health Officer
Tom Burnham, EdD, Superintendent of Education

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Comprehensive School Health Programs

Strategic Plan
1994 - 1995
Mississippi

WHY a strategic plan for comprehensive school health programs?

In 1994, the Mississippi legislature passed and the governor signed House Bill 1019 to strengthen certain components of the school health program and authorize the position of physical education and fitness coordinator. The bill addressed school health education, health services, physical activity and healthy school environment. Evidence from other states and from research in health education indicates that school health programs can influence knowledge, attitudes and behaviors that relate to health. Many Mississippi youth are at immediate risk for factors such as tobacco use, violence, sexual activity, and poor nutrition. Behaviors youth adopt in elementary and high school may also impact future health in areas like obesity, chronic illness, and chronic substance abuse. The Mississippi State Department of Health and the State Department of Education have this as a common goal:

Mississippi youth should be afforded the best opportunity to reach adulthood as healthy, educated, contributing members of their communities.

COLLABORATION between the two agencies over the past year resulted in increased public awareness about the need for comprehensive school health programs and defined tasks to improve child and adolescent health. Highlights of the year include:

December 1993	- first meeting of the Mississippi Alliance for School Health (MASH)
January 1994	- HB 1019 introduced by Reps. Moody, Clarke, and Stevens
February 1994	- MASH defined strategic directions for school health in Mississippi
March 1994	- HB 1019 signed by Gov. Kirk Fordice
June 1994	- 400 high school teachers trained in health education by State Department of Education
July 1994	- American Cancer Society joins effort as first statewide voluntary agency to make CSHE a priority
August 1994	- five town meetings to involve communities in planning for healthy schools
September 1994	- strategic planning meeting held in Jackson
December 1994	- draft of strategic plan presented to health and education agencies
January 1995	- strategic plan presented to Mississippi Legislature

FUTURE collaboration must involve health, education, and social service agencies working together to assure strong families and successful, healthy, young people. Support for these efforts must be evidenced by commitment from leadership and policy makers. Commitment to create and maintain safe school environments and contribute to the health education and health status of young people must begin with parents and concerned members of the community. Already, Mississippi has a wealth of resources to improve comprehensive school health programs. Across the state, voluntary organizations, churches, colleges/universities, and community based organizations are building capacity to reach out to youth at risk. The next few years are critical to the health and education of our youth; here is our chance to lay the cornerstone for healthier schools in the 21st century.

One of every three Mississippians is a child; most of them attend school. Children and youth face risks from behaviors they adopt and from the environment in which they live. To measure behavioral risks in Mississippi, the Department of Education conducted a Youth Risk Behavior Survey (YRBS) among high school students in 1993.

1993 YRBS KEY FINDINGS

33% of students do not always wear a safety belt when riding in a car

28% of students smoke

38% of students are actively trying to lose weight

69% of students have had sexual intercourse

47% of students have consumed alcohol in the past month

78% of students do not attend P.E. on a regular basis

20% of students had driven a car while under the influence of alcohol in the past month

25% of students had thought seriously about suicide in the past year

12% of students used smokeless tobacco in the past year

4% of students had been diagnosed with a sexually transmitted disease

53% of students had eaten no vegetables on the previous day

9% of students had smoked marijuana in the past month

16% of students had been offered, sold or given illegal drugs on school property

28% of students had carried a weapon in the past month

The statistics and the headlines are a call to action, a call to policy makers to look toward the future.

"School health programs are not only a possible means of improving health of Mississippi -- they are fast becoming the most logical way to reach children before they develop habits that can have a negative impact on health. It's up to all of us to look ahead and to set policies that support healthy schools."

Ellen Shea Jones, Health Promotion and Education
Mississippi State Department of Health

"School administrators, teachers, and students are now working with parents and with other agencies in the community to develop innovative programs to reduce drug use, teen pregnancy, violence, and other health/social problems. Aside from improving the health of students now, we have a mission to preserve their future health. We know that school health programs can increase student knowledge about health issues. We also believe that healthier students will be more likely to attend school and to graduate. Mississippi must be concerned with both health and education if we are to realize our childrens' potential."

Ginger Steadman, Health Related Services
Mississippi Department of Education

CORE RECOMMENDATIONS
HEALTH EDUCATION

Every child in Mississippi grades K-12 should be provided with quality comprehensive school health education (CSHE) based on the state curriculum and implemented with input from teachers, students, parents, and community members. The resources for health education should promote collaboration among health, education, and human service agencies. Programs should be evaluated for effectiveness and updated annually to include new research in health education and community concerns.

Policy makers in health, education, and human service agencies at the state and local level should work together to implement school health education. These agencies have shared missions to improve the educational and health outcomes of youth. Leadership in these agencies should know about the efficacy of school health and advocate for comprehensive programs in their communities.

Health education should be taught as a separate course in high school with at least one half carnegie unit required for graduation. At the elementary level, health education should be integrated into other classes in such a manner that it may be evaluated. Health education should be included under minimum foundation for education in Mississippi. At the high school level, health instruction should be the responsibility of the certified health educator, with support from staff in physical education, health services, and other related disciplines. At the elementary level, the classroom teacher should be provided additional training in health education methods and receive ongoing inservice in health.

Individuals identified to teach health education should be qualified. All teachers responsible for teaching health should receive ongoing inservice training. Staff development for all school administrators should be implemented to increase awareness of the need and scope of school health education.

Colleges and universities should support the teacher certification requirements developed by the State Department of Education. Undergraduate and graduate programs should strive to prepare school health educators and physical educators who can plan, implement, and evaluate school based education designed to improve health knowledge, skills and behaviors.

The Mississippi Alliance for School Health (MASH) should be recognized as the statewide coalition for school based programs. Health and education agencies should provide staff support and funding for the coalition. An effort should be made to include all individuals/groups whose mission includes the health and education of school aged youth. A formal structure for MASH, including by-laws and an executive committee structure should be adopted.

CORE RECOMMENDATIONS
SCHOOL HEALTH SERVICES

The Mississippi Alliance for School Health (MASH) should designate a health services sub-committee to make recommendations about implementation of school health services defined in HB 1019.

Prior to school entry, all children should have a complete health appraisal including fitness testing. All students should have complete immunization records. All findings relevant to the child's educational or health status at school should be shared with the school nurse.

School health services should be community-based and community delivered. School health service staff should be familiar with resources in the community including public health departments, community health centers, hospitals, and voluntary agencies.

Services should focus on primary prevention and early intervention. School health services should be comprehensive and encourage follow-up with families and other health care providers.

School nurse-to-pupil ratios should be adopted by both public health and education agencies to ensure adequate provision of services for all students. Ratios should be based on recommendations of the National Association of School Nurses. Funding for school health service programs should compliment minimum ratios defined by these agencies.

All school nurses employed after the 1996/97 school year should hold a baccalaureate degree.

School nurses should provide assistance to classroom teachers and health educators in delivering health instruction to students. A school nurse who serves as the health educator for a school should also possess the health education certification (143) defined by the State Department of Education.

School health services standards of practice should follow practice and evaluation guidelines developed by the American School Health Association and the National Association of School Nurses.

The Mississippi State Department of Health, the Department of Education, and the colleges and universities that prepare nurses for school health service should work together to outline school nurse recruitment and marketing strategies to be implemented by the State of Mississippi.

Beginning with the 1998-99 school year, new schools under construction should include clinic space that is accessible to students and community members.

The Department of Education, the State Department of Health, and the Department of Human Services should make recommendations regarding the collection, analysis, and dissemination of data related to youth risk behaviors, medical needs, and access to services. Data should be shared with local health officers, superintendents, and human service directors to facilitate planning for youth health needs.

CORE RECOMMENDATIONS
HEALTHY SCHOOL ENVIRONMENT

School nutrition programs should compliment health instruction and offer menu choices that promote balanced nutrition. Nutritionists employed by the Department of Education should work with staff of the school health programs to coordinate activities.

Each school district should develop parent education programs to increase parents' knowledge of healthy nutrition and skills in providing well balanced menus.

School districts should implement staff development in school health environment to include safety, violence prevention, and pollution control. School health teams of students, teachers, parents, and community members should work together to create a healthy safe environment in every school.

All school facilities and events should have policies related to tobacco, alcohol and other drug use, carrying weapons, and fighting. Schools should have written policies including methods of education, enforcement and penalties.

School buildings should provide student, worksite, family, and community wellness programs. The school is a resource for health education, preventive services, and referral to health services. The school district should work with public health and human service agencies to develop long range plans to promote the school as a wellness site for the entire community.

Parents should be included in the development of a school plan to improve the environment.

School districts should adopt recycling programs based on available resources in their communities. Students and families should be educated about recycling and encouraged to participate at school and at home. Non-recyclable products should not be used.

School districts should have written safety plans for environmental emergencies and potential hazards within the school such as laboratory chemicals, cleaning fluids, and pesticides.

CORE RECOMMENDATIONS
PHYSICAL EDUCATION

The reduction of sedentary lifestyle should become a priority for health and education agencies.

The Department of Education should employ a full time coordinator for school based physical activity. The Mississippi State Department of Health should implement objectives to increase the number of community based programs that increase physical activity.

Schools should be considered an ideal workplace health promotion setting.

Well planned physical activity programs should consist of 30 minutes of daily physical education (exclusive of recess and lunch) for children in grades K-6; one regular class period three times a week for students 7-12. One half carnegie unit of physical education should be required for high school graduation.

Physical education programs should be geared toward increasing cardiovascular endurance, strength, and flexibility. Emphasis should be placed on lifelong activities rather than competitive sports. Schools should be encouraged to offer extramural activity programs for all students and their families.

The Department of Education should work with state and national groups such as the National Association of Physical Educators; the Governor's Commission on Physical Fitness and Sports; and the Mississippi Alliance for Health, Physical Education, Recreation, and Dance to develop guidelines for periodic fitness and skills testing.

School based physical education activities should include individual education programs for students with special needs.

An interdisciplinary evaluation team should be assigned for each school district. The team should use standards developed by the National Association of Physical Educators in evaluating school district physical education programs annually.

Colleges and universities preparing physical educators should require a six month practicum in physical education before graduation. A certified physical educator should supervise the practicum.

The Department of Education and the Mississippi State Department of Health should improve collaborative efforts to secure funding for school and community based physical activity programs.

ADMINISTRATION AND FUNDING HEALTH EDUCATION

By June 30, 1995, the Department of Education will expend $200,000 in state funds currently budgeted to provide inservice training to teachers in grades K-6 in health instruction. The Department will request $15,000 for health education materials. **(L,A)**

By June 30, 1995, the Department of Education will include a proposal to employ a school health coordinator for grades K-6 in its application to the Centers for Disease Control and Prevention (CDC).

By June 30, 1995, the Mississippi State Department of Health will work with the Mississippi Alliance for School Health (MASH) to develop bylaws and elect a governing body.

By July 31, 1995, the Superintendent of Education and the State Health Officer should develop and sign a memorandum of agreement to increase collaboration between agencies to improve school health programs.

By July 31, 1995, the Department of Education should employ a Physical Education Coordinator as outlined in HB 1019. **(A)**

By July 31, 1995, the Mississippi State Department of Health will employ a coordinator for public health school based programs. The coordinator will provide technical assistance to school nurses and work with state and local education agencies to improve comprehensive school health programs in Mississippi.

By July 31, 1995, the Department of Education shall distribute written guidelines for certification of health instructors at the elementary and high school levels to all superintendents, health officers, and state level advocacy groups such as the Mississippi Alliance for Health, Physical Education, Recreation and Dance, the Governor's Commission of Physical Fitness and Sports, and the Mississippi Alliance for School Health.

By July 31, 1995, a legislative subcommittee should be set up to examine potential funding sources including model programs to fund school health. **(L,A)**

By July 31, 1995 the Department of Education should monitor at least 50 school districts to verify their compliance with the CDC cooperative agreement for school health education and State Board of Education school health requirements.

By November 30, 1995, the Department of Education should include funding to train teachers in grades K-6 ($200,000) and teachers in grades 7-12 ($200,000) in school health instruction in its 1996 budget request to the Mississippi legislature. **(L,A)**

L = REQUIRES LEGISLATION A= REQUIRES APPROPRIATIONS

By February 28, 1996, the Department of Education and the State Department of Health will make a joint presentation to state conferences of health officers and superintendents to increase awareness of the need, methodology, and evaluation of school health programs.

By June 30, 1996, the Department of Education and the State Department of Health will develop a mini-grant program to award school district start up funds for school/community programs to improve the health of families. **(A)**

L = REQUIRES LEGISLATION A= REQUIRES APPROPRIATIONS

ADMINISTRATION AND FUNDING SCHOOL HEALTH SERVICES

By July 31, 1995, the Mississippi State Department of Health will use existing funds to employ a coordinator for school health.

By July 31, 1995, the Mississippi State Department of Health will contract for the development of educational materials related to the purpose and benefits of the Mississippi school nurse program. Materials will be distributed by MASH, the Department of Education and the Mississippi State Department of Health.

By November 30, 1995, the Mississippi State Department of Health will include in its legislative budget proposal funding for 10 additional public health school nurses. **(L,A)**

By December 31, 1995, the MASH sub-committee assigned to make recommendations regarding the implementation and evaluation of school health services will submit recommendations to the Superintendent of Education and the State Health Officer. The Mississippi State Department of Health will reimburse mileage for travel to subcommittee meetings and provide staff support for meetings. **(A)**

By December 31, 1995, the Mississippi State Department of Health will include in its health promotion clearinghouse model programs in school health services in Mississippi and across the nation. Resources for technical assistance within the state and at national organizations will also be housed in the clearinghouse.

By December 31, 1995, the Mississippi State Department of Health, in cooperation with the Department of Education, will develop a pilot project for school-linked services in one school district which links a school and local health department through provision of preventive health services. **(L,A)**

By July 31, 1996, the Mississippi State Department of Health will work with the Mississippi Nurses' Association, the Mississippi School Nurse Association, and faculty from the universities that prepare undergraduate and graduate nurses to develop a plan for marketing and retention of school nurses.

By June 30, 1997, all school building construction approved for the 1998-99 school year will include space for health clinics. **(L,A)**

L = REQUIRES LEGISLATION A= REQUIRES APPROPRIATIONS

ADMINISTRATION AND FUNDING HEALTHY SCHOOL ENVIRONMENT

By July 31, 1995, the Department of Education, in cooperation with the Department of Health, will distribute a model policies to all school districts for their use in developing written policies regarding health issues, including: safety belt use, tobacco use, violence, alcohol and other drug use, communicable disease control, and environmental emergencies.

By July 31, 1995, the Department of Education will provide all high school and junior high coaches a copy of the 1994 NCAA ruling regarding tobacco use during pre-season, regular season and post-season practices and games. Coaches will share the ruling with athletes and follow the school policy for enforcement.

By July 31, 1995, all school districts will offer at least one community health program aimed at teachers, parents, and interested members of the community. Technical assistance for the programs may be provided by local health departments, community health centers, voluntary agencies, and community based organizations.

By December 31, 1995, the Mississippi State Department of Health will use existing funds to contract with a university program in recreational services to develop and distribute guidelines for safe playground and sports facilities to all superintendents.

By December 31, 1995, the Department of Education and the Department of Health will distribute information to all school districts for using recyclable materials whenever possible. Schools will make students, teachers, parents, and staff aware of on-site policies and programs to reduce waste and improve recycling.

By December 31, 1995, the Department of Education will distribute a copy of the Mississippi School Gun Law and the Pro Children Act of 1994. Schools will develop a written policy for enforcement of these acts.

ADMINISTRATION AND FUNDING PHYSICAL EDUCATION / FITNESS

By July 1, 1995, the State Department of Education will recruit and employ a state coordinator for physical education. The state coordinator will have credentials which include a graduate degree in exercise physiology or physical education, and teaching experience at the elementary or high school level. **(A)**

By July 1, 1995, the State Board of Education will adopt guidelines for minimal standards for school based physical education programs and mandate physical education at the elementary and high school level.

By July 1, 1995, the Mississippi legislature will fund the Governor's Commission on Physical Fitness and Sports $75,000 to sponsor a conference showcasing model programs in school physical education across the state. School districts will be reimbursed travel expenses for one physical educator or health teacher to attend.**(L,A)**

By July 1, 1995, the State Department of Education will distribute for comment the current standards for certification of elementary and high school physical educators to the colleges and universities that have graduate and undergraduate programs in physical education and exercise science.

By July 31, 1995, the Department of Education will use existing funds to mail a packet of information from the National Association of Physical Educators to all superintendents and physical educators employed by Mississippi public schools.

L = REQUIRES LEGISLATION A= REQUIRES APPROPRIATIONS

The Year 2000 and Beyond

The link between health and education is undeniable. Across Mississippi, physicians tell us that too many children are entering school with health and emotional problems. Teachers spend more time than ever before reaching out to children at risk. The demographics of Mississippi's families have changed greatly in recent years. Mississippi has the highest percentage of children living in single parent families in the nation; nearly one in ten children lives with a grandparent, almost double the national average. Seventy-three percent of school-aged children here have working moms. Parents are frustrated in their efforts to raise healthy, educated children in a society that poses as many dangerous choices as productive ones. The youth of Mississippi deserve to reach adulthood as healthy and educated as possible. One way we can reach them is in schools.

To change the health outlook of our youth by the year 2000, we must not rely on national efforts in health care reform or educational goals. We have the tools we need before us. We have state agencies whose missions are to prevent disease and poor health outcomes; to promote health and to educate children and youth in school settings. What is new in this effort is a collaborative effort to tie health and education together. The goal must be to address the whole child -- whether in a clinic, school or community setting. Agencies will need to work together to provide support desperately needed by families. The health and education problems we face today are caused by many factors, most importantly the society in which we live. Given the extent of the problems we face, school health programs could become one of the most effective ways to reduce health care costs, improve educational outcomes, and improve economic productivity.

The next few years will be critical in the success or failure of school health programs. The recommendations and funding mechanisms suggested in this plan are based on more than a year's efforts to seek input from towns large and small; from experts on campuses, in hospitals, in towns, in homes, and on the streets. School health can be prompted from the state level, but its success rests in the hands of local providers, school personnel, and parents who are willing to do what it takes to make a difference. The challenge we accept must not be to simply improve school health programs, but rather to mobilize at once and make a difference in the lives of Mississippi's children.

Strategic Planning Participants, September 26, 1994

1.	Ellen Shea Jones	Mississippi State Department of Health
2.	Cheryl Grubbs	Mississippi State Department of Health
3.	Carole Stewart	Mississippi University for Women
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6.	Milton Wilder	Delta State University
7.	Maggie Brooks	Jackson Public Schools
8.	Brenda Whatley	Mississippi Nurses Association
9.	Robert Travnicek	Mississippi State Department of Health
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18. Eugene R. Anderson	University of Mississippi
19. Melody Fortune	Mississippi State Department of Health
20. Charles Cole	Cleveland Public Schools
21. Gary Hemba	Mississippi Commission on Physical Fitness and Sports
22. Lela Alcorn	Hattiesburg Public Schools
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29. Bobby B. Howell	Mississippi State Representative, District 46

Strategic Planning Participants, cont'd

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32. Josephine Stevens	Jackson Public Schools
33. Louise Dillon	Catholic Charities of Jackson
34. Obra Hackett	Mississippi Parent-Teacher Association
35. Lynn Hartwig	University of Southern Mississippi, Center for Community Health
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37. Julia Weaver	Mississippi Health Advocacy Program
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Kaye Bender, Chief of Special Staff

Special thanks to Lynn Hartwig*, Chair Department of Community Health and Education, *University of Southern Mississippi*

* *Facilitator for Town Meeting*

National Education Goals

BY THE YEAR 2000:

1. All children in America will start school ready to learn.

2. The high school graduation rate will increase to at least 90 percent.

3. All students will leave 4, 8, and 12 have demonstrated competency over challenging subject matter including English, mathematics, science, foreign languages, civics and government, economics, arts, history, and geography....so (that students) may be prepared for responsible citizenship, further learning, and productive employment in our nation's modern economy.

4. The nation's teaching force will have access to programs for the continued improvement of their professional skills and the opportunity to acquire the knowledge and skills needed to instruct and prepare all American students for the next century.

5. U. S. students will be first in the world in mathematics and science achievement.

6. Every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

7. Every school in America will be free of drugs, violence, and the unauthorized presence of firearms and alcohol, and will offer a disciplined environment conducive to learning.

8. Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children.

Year 2000 Objectives for the Nation

One third of the 300 health objectives in Healthy People 2000 may be impacted through comprehensive school health programs. Examples include:

QUALITY

Increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education.

NUTRITION

Increase to at least 75 percent the proportion of the Nation's schools that provide nutrition education from pre-school through 12th grade, preferably as part of quality school health education.

PHYSICAL EDUCATION

Increase to at least 50 percent the proportion of children and adolescents in 1st through 12th grade who participate in daily school physical education.

Increase to at least 50 percent the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities.

INJURY

Reduce deaths caused by motor vehicle crashes among youth aged 15-24 to no more than 33 per 100,000 people.

Reduce homicides to no more than 7.2 per 100,000 people.

TOBACCO-USE PREVENTION

Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education.